

Check A Box
Patented Specimens

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 175)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/03077

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 10 | | 2 | | 2 | | |
| 11 | 1 | | 1 | | | |
| 12 | | 1 | | 1 | | |
| 13 | | 2 | | 2 | | |
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| 17 | 1 | | | | | |
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| TOTAL IND. | 4 | | 2 | | | |
| TOTAL DEP. | | 29 | | 29 | | |
| TOTAL CLAIMS | | 31 | | 31 | | |

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| TOTAL IND. | | | | | | |
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